

**Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions**

interview

A Public Document

1. Agency Name

City of Riverside

Division, Department, or Region (if applicable)

Development

Street Address

3900 Main St.

Designated Agency Contact (Name, Title)

Pamela Hogan

Area Code/Phone Number

951-826-5769

E-mail

phogan@riversideca.gov

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APR 20 2011
City of Riverside
City Clerk's Office

California Form 802

For Official Use Only

☐ **Amendment** (Must provide explanation in Part 3.)

Date of Original Filing: _____
(month, day, year)

2. Function, Event, or Ceremonial Role Information

Title One Night of Queen concert

Face Value of Each Admission \$ 53

Description Fox Performing Arts Center

Date(s) 03 / 11 / 11

Ticket(s)/Admission(s) provided by agency? Yes ☒ No ☐ If no: _____

Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

Yes ☐ No ☒

If yes: _____

Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

| Name (Last, First) or Organization (Name, Address, Description) | Number of Admission(s)/ Ticket(s) | Agency Official | <ul style="list-style-type: none"> Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. | |
|---|---|--|--|---------------------------------|
| Davis, Paul | 1 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Promotion of the City Profile | Income <input type="checkbox"/> |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Income <input type="checkbox"/> |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Income <input type="checkbox"/> |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Income <input type="checkbox"/> |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Income <input type="checkbox"/> |

3. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

Deanna Lorson
Signature of Agency Head or Designee

Deanna Lorson

Print Name

Director

Title

04/11/11

(month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)